

17000 MONTEREY ROAD, MORGAN HILL CALIFORNIA 95037 T. 408-782-0008 F. 408-779-5450

FIELD RESERVATION FORM

Must be submitted with deposit at least 10 working days prior to requested use. Please include a processing fee of \$17.00. Checks should be made payable to: City of Morgan Hill. The processing fee will be refunded if your event date is not available.

| PLEASE PRINT | ·· |
|---|---|
| Name of Individual/Group\Organiz | Organization: |
| Address: | Organization. |
| Address:City: | 7in: |
| City: Home Phone: | Zip:Business Phone: |
| FACILITIES DESIRED | Business i none. |
| Community Park: Field A (adu | Field B Field C (Adult) Field D |
| Paradise Park: Ball Field | t) Field B Field C (Adult) Field D Soccer Field |
| Galvan Park: Ball Field | Soccer Field |
| Date(s) Requested: (or attached sch | edule) |
| Dav(s) of Week | |
| Starting Time: (include set-up) | |
| Ending Time: (include clean-up) | |
| Lights Key: Yes: No. | Date of Deposit: |
| | |
| | to the park grass or cement pathways. A special events form needs to be |
| submitted and approved for a too | rnament. |
| *Alcoholic beverages are prohibi | ed in the parks |
| HOLD HARMLESS AGREEME | NT: |
| grounds or equipment growing our We agree to abide by all rules and the City of Morgan Hill and their and/or injuries to persons and propfacilities and hold harmless from Morgan Hill, its officers, and en participating in any way in this action. | |
| I, the undersigned, have read and u | derstand the rules and regulations for facility/park use. |
| Date: | Signed: |